



Board of Pharmacy  
PO Box 1099  
Olympia WA 98507-1099  
(360) 236-4830

Fee \$200.00

## APPLICATION FOR RELOCATION OF A PHARMACY WITHIN AN ESTABLISHMENT

PHARMACY NAME	LICENSE NO.	TELEPHONE
ADDRESS		
RESPONSIBLE PHARMACIST	PHARMACY OWNER	
PRESENT LOCATION OF PRESCRIPTION AREA		
DIAGRAM		
NEW LOCATION OF PRESCRIPTION AREA		
DIAGRAM		
THIS PHARMACY WILL BE READY FOR INSPECTION ON		
SIGNATURE OF OWNER OR AGENT		

**Note: This form may not be used for ownership or address change.**